PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

plication or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS								FEE) 	RATE	FEE
FOR			20 NUMBER F	NUMBER FILED		NUMBER EXTRA		355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			20 minus 20=		• 0		X\$ 9=	-	OR	X\$18=	
INDEPENDENT CLAIMS					*		X40=		OR	X80=	80
MU	LTIPLE DEPENI	RESENT				+135=		OR	+270=	J	
* If	the difference i	in column 1 is	ess than zero, enter "0" in column 2			olumn 2	TOTAL		OR	TOTAL	790
CLAIMS AS AMENDED - PART II										OTHER	
		(Column 1)	(Column 2)			(Column 3)	SMALL	ENTITY	OR	SMALL	
AMENDMENT A	É E	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T CLAIM	=	X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	OLTIPLE DEP	ENDEN	T CLAIM		+135=		OR	+270=	
							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3)	ADDIT. FEE	-	4	ADDII. 1 EE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=	X40=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135=		1	+270=	
ľ							TOTAL	 	OR	TOTAL	
				ADDIT. FEI		OR	ADDIT. FEE				
_	En la santa de	(Column 1) CLAIMS			ımn 2) HEST	(Column 3)			1		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUI PREV	MBER FIOUSLY D FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N N	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	į
WE	Independent	*	Minus	***	;	=	X40=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM.							 	'	.070	
	If the entry in colu	ımn 1 is lass than	the entry in colu	mn 2. wr	ite "0" in c	olumn 3.	+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
1	The "Highest Nur	nber Previously P	aid For" (Total o	r Indeper	dent) is th	e highest numbe	r found in the a	ppropriate bo	x in co	iumn 1.	